

## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JANUARY	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
<b>BEGINNING BALANCE</b>					
1/1/22	BANK BALANCE  WELLS FARGO BANK [REDACTED]		\$ 1,483,607.50		
	<b>DEPOSITS IN TRANSIT</b>	\$685.00			
	<b>OUTSTANDING CHECKS</b>	\$0			
		<b>TOTAL</b>	<b>\$1,482,922.50</b>		
<b>RECEIPTS THIS MONTH</b>					
1/14/22	PARTNERS FOR A SAFERAMERICA, INC.	\$250,000.00			
1/21/22	PARTNERS FOR A SAFERAMERICA, INC.	\$133,888.00			
1/10/22	INTEREST EARNED	\$22.11			
		<b>TOTAL</b>	<b>\$363,910.11</b>		
		<b>BEGINNING BALANCE PLUS RECEIPTS</b>		<b>\$1,866,832.61</b>	
<b>DISBURSEMENTS THIS MONTH</b>					
1/5/22	Check #2051 RKM COMMUNICATIONS IWF 22-001	\$1721.25			
1/21/22	Check #2052 DIRECTV IWF 22-002	\$328.24			
1/21/22	Check #2053 GUARDIAN RFID IWF 22-003	\$12500.00			
1/25/22	Check #2054 RKM COMMUNICATIONS IWF22-004	\$1493.78			
1/25/22	Check #2055 HOME DEPOT (GUILLERMO CAMARENA)	\$1079.35			
		<b>TOTAL</b>	<b>\$ 17,122.62</b>		
				<b>\$1,849,709.99</b>	
<b>ENDING BALANCE</b>					
1/31/21	BANK BALANCE		\$1,865,111.36		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$15,401.37			
				<b>TOTAL</b>	
				<b>\$1,849,709.99</b>	
DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE  2/15/22	AUDIT COMMITTEE  JEFF WONG N2799 J.W.  JERRY LEE N4522		PREPARED BY DO M.CARTER N3754 [REDACTED] TELEPHONE EXTENSION [REDACTED]

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
12/20/2021		Emergency call out camera system not recording		JOF 22-001	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No.	
				2723	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): On [redacted] an emergency callout was made to RKM Communications for repair to CCTV system not recording video, display of live feed only. First technician came and rebooted system with out results a second technician was logged remotely into server where multiple problems in Verint system configuration. Corrections were made to configuration errors, power cord replaced, and readjusted time settings to synchronize with PDO CCTV viewer.					
Justification for expenditure (how will the expenditure benefit inmates):					
The CCTV system is essential in providing effective security to Valley Jail. [redacted]					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1721.25		1721.25		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate:	
1 R.K.M Communications		Robert Martin		1721.25	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Signature]		Serial No.: 26288	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No.: 42070	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. B. Valle		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Signature]		Serial No.: [blank]	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Signature]		Serial No.: [blank]	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 01/14/22		ITEM(s) REQUESTED: DIRECTV		CONTROL NUMBER IWF 22-002	
Submitted by: D.O. Carter		Serial No. N3754		Assignment: MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/> MJS	<input checked="" type="checkbox"/> AREAS	Serial No. <u>32705</u>	
<input type="checkbox"/>	NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/> VJS	OTHER (explain below):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice #01883507X220102, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the inmate Welfare Fund for the benefit of the Inmates.					
Estimated Cost: \$328.24		Actual Cost: \$328.24		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1	DIRECTV	Customer Service		888-388-4249 \$328.24	
2					
3					
Vendor Selected: DIRECTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: 		Serial No.: 26298		Date: 01-18-22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47010		Date: 01-14-22
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle		Serial No.: 35110		Date: 01-24-22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Continuing Officer, SSC:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Continuing Officer, ASE:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:		Serial No.:		Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
1/14/22		GUARDIAN RENEWAL FEE		IWF-22-003	
Submitted by:		Serial No.		Assignment:	
SDO BRYANT		N4517		CSD	
Type of Expenditure:		Facility		Station OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	MJS	AREAS		
<input type="checkbox"/>	NEW	77TH	ALL		
<input type="checkbox"/>	OTHER (explain below)	VJS	OTHER (explain):		

Serial No. 7261

Admin Section Review Signature:

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Real time inmate management hardware/software.

Justification for expenditure (how will the expenditure benefit inmates):

The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management capabilities for CSD. Installation fulfills CSD modernization commitment(s).

Reason City resources were not used for expenditure:

No city funds are allocated. Guardian is considered a sole source vendor based on devices, features, software, and support.

Estimated Cost:	\$12,500.00	Actual Cost:	\$12,500.00	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name	Contact	Phone:	Estimate:		
1 GUARDIAN RFID	PAUL BAZE		\$12,500.00		
2					
3					
Vendor Selected: GUARDIAN RFID		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			

DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:	Date:
				26287	01-18-22
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:	Date:
	GAR7 NEWTON			47018	01-14-22
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:	Date:
	Sgt II B. Valle			35120	01-24-22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:			Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:				

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/12/2022		New replacement camera to Cell 216 front		JWF 22-004	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section/DIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [REDACTED] camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		310-540-9704	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CAPT. ORLANDO CHANDLER		36254	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		LT J. E. Hernandez		32764	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt U B. Varle		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required # Over \$40,000		Serial No.:	
		Commanding Officer, SES:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required # Over \$60,000		Serial No.:	
		Commanding Officer, ASB:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.:	





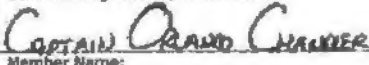
# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
1/18/2022		Home Depot				IWF- 22-005	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32765	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	[REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Multiple needed tools for facility. Please see attachment of items (19) with prices and descriptions. TOTAL \$1,079.35							
Justification for expenditure (how will the expenditure benefit inmates):							
Tools are needed for installation, repairs and maintenance of various items that are installed for the benefit of the arrestees here at the Detention Center.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost:		\$1,079.35		Actual Cost:		\$1,079.35	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Home Depot	Customer Service		1(800)466-3337		\$1,079.35	
2							
3							
Vendor Selected:		Home Depot		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Denied	ORLANDO CHANDLER		[REDACTED]		26288		01/24/2022
<input checked="" type="checkbox"/> Approved	Member Name:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Denied	GARY NEWTON		[REDACTED]		47010		01-20-22
<input checked="" type="checkbox"/> Approved	Member Name:		Signature:		Serial No.:		Date:
<input type="checkbox"/> Denied	Sgt II B. Valle		[REDACTED]		35110		01-24-22
Required If Over \$40,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved							Date:
<input type="checkbox"/> Denied							

## RECEIPTS and DISBURSEMENTS REPORT

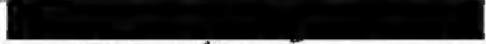


DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH FEBRUARY	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
<b>BEGINNING BALANCE</b>					
2/1/22	BANK BALANCE  WELLS FARGO BANK [REDACTED]		\$ 1,865,111.36		
	<b>DEPOSITS IN TRANSIT</b>	\$			
	<b>OUTSTANDING CHECKS</b>	\$16,401.37			
	<b>TOTAL</b>		\$1,849,709.99		
<b>RECEIPTS THIS MONTH</b>					
2/15/22	PARTNERS FOR A SAFERAMERICA, INC.	\$27,300.00			
2/08/22	INTEREST EARNED	\$36.09			
	<b>TOTAL</b>		\$27,336.09		
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$1,877,046.08		
<b>DISBURSEMENTS THIS MONTH</b>					
2/4/22	Check #2058 GUARDIAN RFID IWF 22-006	\$413.00			
2/1/22	Check #2057 ASSI SECURITY IWF 22-007	\$1525.00			
2/8/22	Check #2058 WALMART (DAVID CARRILLO) IWF22-009	\$44.14			
2/8/22	Check #2059 DIRECTV - IWF 22-010	\$328.24			
2/9/22	Check #2060 RKM COMMUNICATION IWF 22-008	\$1027.13			
2/9/22	Check #2061 1800 WHEELCHAIR.COM IWF 22-011	\$3510.00			
	<b>TOTAL</b>		\$ 6,847.51		
	<b>ENDING BALANCE</b>		\$1,870,198.57		
2/28/22	BANK BALANCE		\$1,870,198.57		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$0			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	<b>TOTAL</b>		\$1,870,198.57		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE	PREPARED BY	
[REDACTED]		3/8/22	JEFF WONG N2799	DO M.CARTER N3754	
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			JERRY LEE N2528 [REDACTED]	[REDACTED] (213) 356-3480	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM



<b>DATE SUBMITTED</b>		<b>ITEM(s) REQUESTED:</b>		<b>CONTROL NUMBER</b>	
1/28/2022		Guardian RFID		IWF- 22-006	
<b>Submitted by:</b>		<b>Serial No.</b>		<b>Assignment:</b>	
D.O. Carrillo		N5732		MJS/CSD	
<b>Type of Expenditure:</b>		<b>Facility</b>		<b>Section OIC Approval Signature:</b>	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<b>Admin Section Review Signature:</b>	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):	
<b>Description of expenditure (include detailed information, i.e. make, model, accessory equipment, etc., installation requirements, etc.):</b> Guardian RFID quote #00004945, 4 Guardian Spartans (Device  ) sent for evaluation and repair to Guardian Support Services. Quote is for 3 battery covers, 4 batteries, and 4 hand straps not covered by warranty.					
<b>Justification for expenditure (how will the expenditure benefit inmates):</b> Spartan Devices are used to conduct Title 15 checks and keep track of inmate movement throughout the jail.					
<b>Reason City resources were not used for expenditure:</b> Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
<b>Estimated Cost:</b>		<b>Actual Cost:</b>		<b>City Approved Vendor:</b>	
\$413.00		\$413.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)</b>					
<b>Company Name</b>		<b>Contact</b>		<b>Phone:</b>	
1 Guardian RFID		Support Services		866-382-6339	
2					
3					
<b>Vendor Selected:</b>		Guardian RFID		<b>Reason Selected:</b>	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer / Fund Chair:</b>  <b>Member Name:</b> CAPTAIN ORLANDO CHAMBER		<b>Serial No.:</b> 2628Y	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Member Name:</b> GARY NGUYEN		<b>Serial No.:</b> 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Member Name:</b> Sgt H B. Valle		<b>Serial No.:</b> 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Commanding Officer, ASB:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>Signature:</b>		<b>Serial No.:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					






# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
2/1/22		Camera Replacement at Pacific Jail		INF 22 - 107	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS			
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Pacific Jail	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Parts and labor for service calls on 11/1/2021 and on 12/23/2021 to install a replacement verint camera in Cell  ASSI Work Order #47483 and Invoice #SD16872 attached.					
Justification for expenditure (how will the expenditure benefit inmates):					
This Pacific Jail camera is necessary to maintain and record continual observation of cell  activity and to provide a safe and secure environment while arrestees are in our custody.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$1,525.00		\$1,525.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate:	
1. ASSI		Emma Gonzales		\$1,525.00	
2.					
3.					
Vendor Selected:		Reason Selected:			
ASSI				<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CAPTAIN OLIVIERO CHANDLER		26288	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt H B. Valle		35110	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Required if Over \$80,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
2/01/2022		White Shoe Polish		IWF-22-009	
Submitted by:		Serial No.		Assignment:	
D.O. Carrillo		N5732		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No.	
				32765	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
KIWI white shoe polish 2.5 oz. (10 bottles @ 3.46 each)					
Total: \$44.14					
Justification for expenditure (how will the expenditure benefit inmates):					
Shoe polish is needed to tag/number arrestee transport vehicles. These vehicles are used for the transfer of arrestees to Custody Services Division, where they will be housed in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$44.14		\$44.14		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Walmart		Customer Service		1 (800) 925-6278	
2					
3					
Vendor Selected:		Walmart		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:  Member Name:		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Date: 2-7-22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt U B Valle		Serial No.: 47010	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:  Signature:		Date: 02-08-22	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: Signature:		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date: 2-7-22	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>2/07/2022</b>		ITEM(S) REQUESTED: <b>DirectTV</b>		CONTROL NUMBER <b>IWF- 20-010</b>	
Submitted by: <b>D.O. Camarena</b>		Serial No. <b>N4206</b>		Assignment: <b>MJS/CSD</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: 	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS	<b>32765</b>		
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Adm. Section Review Signature: 		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, s.f., installation requirements, etc.): <b>DirectTV Invoice # 018835073X220202, monthly payment for TV service.</b>					
Justification for expenditure (how will the expenditure benefit inmates): <b>TV service for arrestees in housing units per Title 15.</b>					
Reason City resources were not used for expenditure: <b>Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.</b>					
Estimated Cost: <b>\$328.24</b>		Actual Cost: <b>\$328.24</b>		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
1	Company Name <b>DirectTV</b>	Contact <b>Customer Service</b>	Phone: <b>888-388-4249</b>	Estimate: <b>\$328.24</b>	
2					
3					
Vendor Selected: <b>DirectTV</b>		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: 		Serial No.: <b>26284</b>		Date: <b>2-7-22</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>GARY A. NEWTON</b>		Serial No.: <b>47010</b>		Date: <b>02-08-22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Sgt. B. Valle</b>		Serial No.: <b>35110</b>		Date: <b>2-7-22</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASD:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Serial No.:		Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>11/29/2021</b>		ITEM(S) REQUESTED: Inside and outside CCTV camera, cabling rerouted to Jail server.		CONTROL NUMBER <b>INF 22-008</b>	
Submitted by: <b>D.O. Marie Graham</b>		Serial No. <b>N3073</b>		Assignment: <b>CSD/VJS</b>	
Type of Expenditure:		Facility		Section OIC App: Signature: Serial No.	
<input type="checkbox"/> RECURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
The coaxial cables for these cameras were found to be disconnected [REDACTED]					
[REDACTED] RKM was contacted to install new CAT 6 Data cabling [REDACTED]					
[REDACTED] These cameras view the [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
These cameras are essential in assisting in monitoring the inside and outside of the Sally Port gate and the Jail Sally Port Parking Area. The camera is necessary to help identify [REDACTED]					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 1027.13		Actual Cost: 1027.13		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1. R.K.M Communications		Robert Martin		[REDACTED] 1027.13	
2. [REDACTED]		[REDACTED]		[REDACTED]	
3. [REDACTED]		[REDACTED]		[REDACTED]	
Vendor Selected: R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: <b>CAPTAIN GARY NEWTON</b> Member Name: <b>Sgt H B Valle</b> Commanding Officer, S.S.: <b>[REDACTED]</b>		Serial No.: <b>26288</b> Serial No.: <b>47010</b> Serial No.: <b>35110</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, A.S.: <b>[REDACTED]</b>		Serial No.: <b>[REDACTED]</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, A.S.: <b>[REDACTED]</b>		Serial No.: <b>[REDACTED]</b>	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>02/08/22</b>		ITEM(s) REQUESTED: <b>Wheelchairs/Canes/Crutches</b>		CONTROL NUMBER <b>J-WF 22-011</b>	
Submitted by: <b>Vu</b>		Serial No. <b>N2714</b>		Assignment: <b>MDC</b>	
Type of Expenditure:		Facility		Section Of Approval Signature: <b>[Redacted]</b> Signature	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS <b>[Redacted]</b> <b>32765</b>
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL Admin Section/ Revital Signature <b>[Redacted]</b>
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Drive adjustable height offset handle cane with gel grip, Drive knock down universal aluminum crutches and Drive steel transport wheelchairs.					
Justification for expenditure (how will the expenditure benefit inmates):					
Wheelchairs, crutches and canes used for assisting inmates with mobility limitations while detained at LAPD Metropolitan Detention Center. Also, these items are utilized during special transportation for court and hospitalization visit.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of The Inmate Welfare Fund for the benefit to the inmates.					
Estimated Cost: <b>\$ 3,510.00</b>		Actual Cost: <b>\$ 3,510.00</b>		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
1	Company Name <b>1800Wheelchairs.com</b>	Contact <b>Customer service</b>	Phone: <b>(800) 320-7140</b>	Estimate: <b>\$ 3,510.00</b>	
2					
3					
Vendor Selected: <b>1800Wheelchairs.com</b>		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other			
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair <b>[Redacted]</b>		Serial No.: <b>26288</b>		Date: <b>2/9/2022</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>GARY NEWTON</b>		Serial No.: <b>7010</b>		Date: <b>2/9/22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Sgt H B. Valle</b>		Serial No.: <b>35110</b>		Date: <b>2/8/22</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:		Serial No.:		Date:



## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH MARCH	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
3/1/22	BANK BALANCE  WELLS FARGO BANK [REDACTED]		\$ 1,870,198.57		
	DEPOSITS IN TRANSIT	\$			
	OUTSTANDING CHECKS	\$			
		TOTAL	\$1,870,198.57		
RECEIPTS THIS MONTH					
3/08/22	INTEREST EARNED	\$20.27			
		TOTAL	\$20.27		
		BEGINNING BALANCE PLUS RECEIPTS	\$1,870,218.84		
DISBURSEMENTS THIS MONTH					
3/9/22	Check #2062 HOME DEPOT (DAVID CARILLO) IWF 22-012	\$45.58			
3/2/22	Check #2063 EXTREME SAFETY IWF 22-013	\$4,065.00			
3/17/22	Check #2064 DIRECTV IWF 22-014	\$321.99			
3/30/22	Check #2065 LA DAILY NEWS IWF 22-015	\$3219.77			
		TOTAL	\$7,652.34		
			\$1,862,566.50		
ENDING BALANCE					
3/31/22	BANK BALANCE		\$1,866,108.26		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$3541.76			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
		TOTAL	\$1,862,566.50		
DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER Captain Commanding Officer Custody Services Division		DATE 4/5/22	AUDIT COMMITTEE JEFF WONG N2799 [REDACTED] JERRY LEE N4522		PREPARED BY DO M.CARTER N3754 [REDACTED] [REDACTED]

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
02/23/22		Home Depot		22-012	
Submitted by:		Serial No.		Assignment:	
J. Price		N2704		MDC	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input checked="" type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Rust-Oleum Stops Rust 12 oz.(6 pack) of orange paint cans. Everbilt 1/8 in x 30 feet Vinyl Coated Steel Wire Rope Kit.					
Justification for expenditure (how will the expenditure benefit inmates):					
Purchased items will be used to identify and secure portable arrestees chair for field jail operations.					
Reason City resources were not used for expenditure:					
Funds allocated through the use of The Inmate welfare Fund for the benefit to the inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$45.58		\$45.58		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 Home Depot		Customer service		[REDACTED]	
2					
3					
Vendor Selected:		Home Depot		Reason Selected:	
				<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, Fund Chair:		Serial No.:	
		[Signature]		26254	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Hernandez Joe		32765	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt H B. Valle		35160	
<input type="checkbox"/> Required if Over \$40,000		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
<input type="checkbox"/> Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>2/22/2022</b>		ITEM(S) REQUESTED: <b>FLOW TEST SCBAs</b>		CONTROL NUMBER <b>IWF 22-013</b>	
Submitted by: <b>Jaceon</b>		Serial No. <b>N3066</b>		Assignment: <b>Administrative</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b>	
<input checked="" type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS		Serial No.	
<input type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input checked="" type="checkbox"/> ALL		Admin Section Review Signature: <b>[Redacted]</b>	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Flow Test to recertify CSD's SCBAs.					
Justification for expenditure (how will the expenditure benefit inmates):					
To maintain the SCBAs throughout CSD, a Flow Test must be performed.					
Reason City resources were not used for expenditure:					
This item was not included in the Division's budget.					
Estimated Cost: <b>\$4,065.00</b>		Actual Cost: <b>\$4,065.00</b>		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
	Company Name	Contact	Phone	Estimate:	
1	Extreme Safety	Albert Chavez	<b>[Redacted]</b>	<b>\$4,065.00</b>	
2					
3					
Vendor Selected: <b>Bar Soap</b>			Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other		
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <b>Captain Orlando Hernandez</b> Print Member Name: <b>DE Hernandez</b> Print Member Name: <b>Sgt B. Valle</b>		Signature: <b>[Redacted]</b> Signature: <b>[Redacted]</b>		Serial No.: <b>26286</b> Serial No.: <b>32765</b> Serial No.: <b>35110</b>
	Assistant to the Director, CSO: <b>[Redacted]</b> Director, Office of Special Operations: <b>[Redacted]</b>		Signature: <b>[Redacted]</b> Signature: <b>[Redacted]</b>		Date: <b>3/1/22</b> Date: <b>3/1/22</b> Date: <b>3/1/22</b>

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>3/15/22</b>		ITEM(S) REQUESTED: <b>DirectTV Payment</b>		CONTROL NUMBER <b>For 22 - 014</b>	
Submitted by: <b>DO VU</b>		Serial No. <b>N2714</b>		Assignment: <b>MJS/CSD</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b> Serial No. <b>32765</b>	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL			
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, installation requirements, etc.):					
<b>DirectTV invoice # 018835073X220302, monthly payment for TV service</b>					
Justification for expenditure (how will the expenditure benefit inmates):					
<b>TV service for arrestees in housing units per Title 15.</b>					
Reason City resources were not used for expenditure:					
<b>Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.</b>					
Estimated Cost: <b>\$321.99</b>		Actual Cost: <b>\$321.99</b>		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 <b>DirectTV</b>		<b>Customer service</b>		<b>888-388-4249 \$321.99</b>	
2					
3					
Vendor Selected: <b>DirectTV</b>				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$10,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Requiring Officer / Fund Chair <b>Carmen Chavez Chavez</b> Member Name: <b>Lt Joe Hernandez</b> Member Name: <b>Sgt U B. Valle</b>		Signature: <b>[Redacted]</b> Signature: <b>[Redacted]</b> Signature: _____		Serial No.: <b>26254</b> Serial No.: <b>32765</b> Serial No.: <b>35110</b> Serial No.: _____
					Date: <b>3/15/22</b>
					Date: <b>3/16/22</b>
					Date: <b>3/15/22</b>

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>3/30/22</b>		ITEM(s) REQUESTED: <b>Los Angeles Daily News</b>		CONTROL NUMBER <b>IWF-22-015</b>	
Submitted by: <b>D.O. Carter</b>		Serial No. <b>N3754</b>		Assignment: <b>MJS/CSD</b>	
Type of Expenditure:		Facility		Section DIC Approval Signature: <b>[Redacted]</b> Serial No. <b>32765</b>	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain): <b>PACIFIC JAIL</b>
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<b>Yearly subscription to the Los Angeles Daily News for Pacific Jail.</b>					
Justification for expenditure (how will the expenditure benefit inmates):					
<b>To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).</b>					
Estimated Cost: <b>\$3219.77</b>		Actual Cost: <b>\$3219.77</b>		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
	Company Name	Contact	Phone:	Estimate:	
1	Los Angeles Daily News	CUSTOMER SERVICE	(818)713-3131	\$3219.77	
2					
3					
Vendor Selected: <b>Los Angeles Daily News</b>		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <b>Capt. [Redacted]</b>		Signature: <b>[Redacted]</b>		Serial No.: <b>26288</b> Date: <b>3/30/2022</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>[Redacted]</b>		Signature: <b>[Redacted]</b>		Serial No.: <b>37027</b> Date: <b>3/3/22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Per Name: <b>Sgt 11 B. Valle</b>		Signature: <b>[Redacted]</b>		Serial No.: <b>35110</b> Date: <b>3/30/22</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required Over \$10,000 Commanding Officer, SCF:		Signature:		Serial No.: Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.: Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					








# INMATE WELFARE FUND EXPENDITURE CONTROL FORM



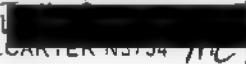

DATE SUBMITTED 4/8/2022		ITEM(S) REQUESTED: Metro Tap Cards		CONTROL NUMBER IWF 22-016	
Submitted by: Jackson		Serial No. N3066		Assignment: Administrative	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted] Serial No. 32765	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):  Metro Tap cards are used to provide inmates, released from custody, access to mass transit services. Tap cards replaced bus tokens.					
Justification for expenditure (how will the expenditure benefit inmates): Los Angeles Metro public transportation service accepts cash or TAP card from patrons. The purchase of the TAP cards will allow CSD to continue to provide a means of transportation for those released from custody.					
Reason City resources were not used for expenditure:  The provision of providing a means of transportation for those who are leaving custody is not part of the City budget.					
Estimated Cost: \$750.00		Actual Cost:		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
	Company Name	Contact	Phone:	Estimate:	
1	Metro	TAP Vendor Support Team	[Redacted]	\$750.00	
2					
3					
Vendor Selected: Metro			Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: Carmen Quintero-Cunha Print Member Name:			Serial No.: 26288	Date: 4/7/2022
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. B. Ross Print Member Name:			Serial No.: 37023	Date: 4-7-2022
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. H. B. Valle Print Member Name:			Serial No.: 35110	Date: 4/7/22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC:			Serial No.:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:	Serial No.:	Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
4/13/22		DIRECTV		IWF 22-018	
Submitted by:		Serial No.		Assignment:	
D.O. Carler		N3754		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING		MJS <input checked="" type="checkbox"/> AREAS			
<input type="checkbox"/> NEW		77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		VJS <input type="checkbox"/> OTHER (explain):		Serial No. 32765	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice #018835073X220402, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost: \$328.24		Actual Cost: \$328.24		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate	
1 DIRECTV		Customer Service		888-388-4249 \$328.24	
2					
3					
Vendor Selected: DIRECTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER Member Name: SGT. BRUCE COSS Member Name: Sgt H B Valle Commanding Officer, 55% Commanding Officer, ASG:		Signature:  Signature: 	
		Serial No. 26288		Date: 4/13/22	
		Serial No. 37023		Date: 4/13/22	
		Serial No. 35110		Date: 4/13/22	
		Serial No.:		Date:	

## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD	TYPE OF FUND INMATE WELFARE FUND	MONTH MAY	YEAR 2022
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DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
<b>BEGINNING BALANCE</b>			
5/1/22	BANK BALANCE  		\$1,861,536.45
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$0	
	<b>TOTAL</b>		\$1,861,536.45
<b>RECEIPTS THIS MONTH</b>			
5/08/22	INTEREST EARNED	\$39.78	
	<b>TOTAL</b>		\$39.78
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$1,861,576.23
<b>DISBURSEMENTS THIS MONTH</b>			
5/11/22	Check #2068 DIRECTV IWF 22-020	\$321.89	
5/12/22	Check #2070 RKM COMMUNICATIONS IWF 22-021	\$990.00	
5/12/22	Check #2071 RKM COMMUNICATIONS IWF 22-022	\$1493.78	
5/17/22	Check #2072 RKM COMMUNICATIONS IWF 22-023	\$1493.78	
5/17/22	Check #2073 RKM COMMUNICATIONS IWF 22-024	\$3690.00	
5/17/22	Check #2074 RKM COMMUNICATIONS IWF 22-025	\$540.00	
	<b>TOTAL</b>		\$ 8,529.55
			\$1,853,046.68
<b>ENDING BALANCE</b>			
5/31/22	BANK BALANCE		\$1,861,576.23
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$8,529.55	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
	<b>TOTAL</b>		\$1,853,046.68
DIVISION COMMANDER   ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE  6/24/22	AUDIT COMMITTEE  JEFF WONG N2799  JERRY LEE N4522
		PREPARED BY DO M. CARTER N3754 	TELEPHONE EXTENSION 

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>5/11/22</b>		ITEM(s) REQUESTED: <b>DirecTV Payment</b>		CONTROL NUMBER <b>FWF 22 - 020</b>	
Submitted by: <b>DO VU</b>		Serial No. <b>N2714</b>		Assignment: <b>MJS/CSD</b>	
Type of Expenditure:		Facility		Section/C Approval Signature: <b>[Redacted]</b>	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain): <b>1</b>
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):  <b>DirecTV invoice # 018835073X220502, monthly payment for TV service</b>					
Justification for expenditure (how will the expenditure benefit inmates):  <b>TV service for arrestees in housing units per Title 15.</b>					

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.

Estimated Cost: <b>\$321.99</b>	Actual Cost: <b>\$321.99</b>	City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)		
Company Name	Contact	Phone: Estimate:
1 <b>DirecTV</b>	<b>Customer service</b>	<b>888-388-4249 \$321.99</b>
2		
3		
Vendor Selected: <b>DirecTV</b>	Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <b>CAPTAIN ORLANDO CHANDLER</b> Member Name: <b>Lt JOE HERNANDEZ</b> Member Name: <b>Sgt H B. Valle</b>		Serial No.: <b>26289</b> Serial No.: <b>327405</b> Serial No.: <b>35110</b> Serial No.:	Date: <b>5/18/22</b> Date: <b>5/21/22</b> Date: <b>5/17/22</b> Date:
	Assistant to the Director, OSC: <b>[Redacted Signature]</b>		Signature:	Date:
	Director, Office of Special Operations:		Signature:	Date:
			Signature:	Date:



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
05/12/2022		Annual Software Maintenance and Support for Foothill Jail CCTV System		IDF 22-021	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section 0107 Approval Signature: Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	MJS	AREAS		
<input type="checkbox"/>	NEW	77TH	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/> VJS	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Annual (one (1) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Foothill Jail. Post warranty additional one(1) year.					
Justification for expenditure (how will the expenditure benefit inmates): This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Foothill Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:   000.00		Actual Cost:   990.00		City Approved Vendor:   <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1	R.K.M Communications	Robert Martin		990.00	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair:				Serial No.: 26286	
Member Name: CAPTAIN ORLANDO CORREIA				Date: 5/19/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: SGT B. COSS				Serial No.: 31023	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: SGT H. B. VALLE		Serial No.: 35110		Date: 5/23/22	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, SSC:		Signature:		Serial No.: Date:	
Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:				Serial No.: Date:	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
05/12/2022		Replacement camera to Hallway 200		7411 22-022	
Submitted by: D.O. Marie Graham		Serial No. N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted] Serial No. 22583	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	Admin Section Review Signature:	
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [Redacted] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [Redacted]					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is one of the original cameras, series [Redacted] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the areas located [Redacted]					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 1493.78		Actual Cost: 1493.78		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1	R.K.M Communications	Robert Martin		[Redacted]	
2					
3					
Vendor Selected: R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		[Redacted Signature] Member Name: Lt Joe Hernandez [Redacted Signature] Member Name: Sgt Il B. Valle [Redacted Signature] Member Name: [Redacted] [Redacted Signature] Member Name: [Redacted] [Redacted Signature] Member Name: [Redacted]		[Redacted Signature] Serial No.: 26288 [Redacted Signature] Serial No.: 32745 [Redacted Signature] Serial No.: 35110 [Redacted Signature] Serial No.: [Redacted]	
[Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22		[Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22		[Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22 [Redacted Signature] Date: 5/19/22	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>05/17/2022</b>		ITEM(s) REQUESTED: <b>New replacement camera to Cell 111A</b>		CONTROL NUMBER <b>108 22-028</b>	
Submitted by: <b>D.O. Marie Graham</b>		Serial No. <b>N3073</b>		Assignment: <b>CSDNJS</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b>	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	Serial No. <b>22583</b>
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	Admin Section Review Signature:
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):  
**On [Redacted] camera [Redacted] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [Redacted]**

Justification for expenditure (how will the expenditure benefit inmates):  
**This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [Redacted] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.**

Reason City resources were not used for expenditure:  
**Expenditure was not included in the City's budget and directly benefits arrestees.**

Estimated Cost: <b>1493.78</b>	Actual Cost: <b>1493.78</b>	City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[Redacted]	1493.78
2				
3				

Vendor Selected: **R.K.M. Communications** Reason Selected: ☐ Price ☐ City Vendor ☒ Other

**DO NOT WRITE BELOW THIS LINE**

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <b>Captain [Redacted]</b> Member Name: <b>Lt Joe Hernandez</b> Member Name: <b>Sgt H B. Valle</b>	 Signature:	Serial No.: <b>26281</b> Serial No.: <b>327405</b> Serial No.: <b>35110</b> Serial No.:  Serial No.:	Date: <b>5/19/22</b> Date: <b>5/25/22</b> Date: <b>5/17/22</b> Date:  Date:
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# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 05/17/2022		ITEM(S) REQUESTED: Replacement CPU and software for Release desk CCTV		CONTROL NUMBER JWF 22-024	
Submitted by: Marie Graham		Serial No. N3073		Assignment: CSD/VJS	
Type of Expenditure: <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		Facility: <input type="checkbox"/> MJS <input type="checkbox"/> AREAS <input type="checkbox"/> 77TH <input type="checkbox"/> ALL <input checked="" type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Section Of Approval Signature: [Redacted] 27573	
				Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): Precision 3480, Small Form Factor Intel core [Redacted] [Redacted] Installation of Verint camera software.					
Justification for expenditure (how will the expenditure benefit inmates): This computer will replace the BO CPU Dell OptiPlex 3020 located at the Release Desk Area of Valley Jail. The BO computer was purchased 2013 and is not able to be repaired. The Release desk is using a spare computer furnished by the vendor. This computer is utilized by staff to view [Redacted] (this enhances the monitoring of the arrestees and improves the security of [Redacted] to the Valley Jail helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 3690.00		Actual Cost: 3690.00		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name 1 RKM Communications		Contact Robert Martin		Phone: [Redacted] Estimate: 3690.00	
Vendor Selected: RKM Communications		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Redacted] Member Name: SGT B. CORR Member Name: SGT H. B. VALLE Assistant to the Director, CSO: [Redacted] Director, Office of Special Operations: [Redacted]		Serial No.: 26286 Serial No.: 37023 Serial No.: 35110 Serial No.: [Redacted] Serial No.: [Redacted]	
		Signature:		Date: 5/19/22 Date: 5.23.22 Date: 5/19/22 Date: [Redacted]	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
05/17/2022		Camera system reconfigured for 24/7 recording		JWF 22-025	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section / C Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		MJS 77TH VJS		[Redacted] 27583 Admin Section Review Signature:	
		OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [Redacted] RKM Communications was contacted to change the recording settings from [Redacted] in addition the technician was requested to provide [Redacted]					
Justification for expenditure (how will the expenditure benefit inmates):					
[Redacted]					
The CCTV system is essential in providing effective security to Valley Jail. The recording server allows this information to be saved and viewed at later dates or downloaded for permanent record. The recordings are instrumental in analyzing incidents involving use of force and inmate complaints, helping to ensure better employee compliance with department roles					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
540.00		540.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M. Communications		Robert Martin		[Redacted]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>		Commanding Officer / Fund Chair [Signature] Member Name Sgt P. Cozz Sgt H. B. Valle		Serial No.: 26257 37027 35116	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date: 5/19/22 5-22-22 5/19/22	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Date:	



## RECEIPTS and DISBURSEMENTS REPORT

D.VISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JUNE	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
<b>BEGINNING BALANCE</b>					
6/1/22	BANK BALANCE  WELLS FARGO BANK [REDACTED]		\$ 1,861,576.23		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$8,529.55			
	<b>TOTAL</b>		\$1,853,046.68		
<b>RECEIPTS THIS MONTH</b>					
6/8/22	INTEREST EARNED	\$49.33			
	<b>TOTAL</b>		\$49.33		
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$1,853,096.01		
<b>DISBURSEMENTS THIS MONTH</b>					
5/31/22	Check #2068 IWF 22-019	\$1,750.00			
6/14/22	Check #2075 IWF 22-026	\$2,253.02			
	<b>TOTAL</b>		\$4,003.02		
			\$1,849,092.99		
<b>ENDING BALANCE</b>					
6/30/22	BANK BALANCE		\$1,857,776.01		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$8,683.02			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	<b>TOTAL</b>		\$1,849,092.99		
DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER, Captain III Commanding Officer Custody Services Division		DATE 8/30/22	AUDIT COMMITTEE JEFF WONG N2799 JERRY LEE N4522		PREPARED BY VELINDA RIPARIP, MA N616 TELEPHONE EXTENSION [REDACTED]









## RECEIPTS and DISBURSEMENTS REPORT

DIVISION  
CSD

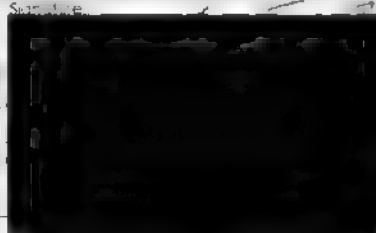
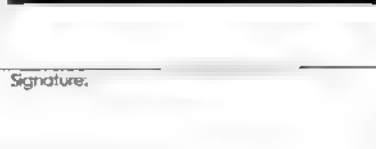
TYPE OF FUND

INMATE WELFARE FUND

MONTH  
JULYYEAR  
2022





DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
<b>BEGINNING BALANCE</b>			
7/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$ 1,857,776.01
	<b>DEPOSITS IN TRANSIT</b>	\$0	
	<b>OUTSTANDING CHECKS</b>	\$8,683.02	
	<b>TOTAL</b>		\$1,849,092.99
<b>RECEIPTS THIS MONTH</b>			
7/13/22 7/20/22	PARTNERS FOR A SAFER AMERICA, INC PARTNERS FOR A SAFER AMERICA, INC	\$250,000.00 \$129,613.00	
7/11/22	INTEREST EARNED	\$113.99	
	<b>TOTAL</b>		\$379,726.99
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,228,819.98
<b>DISBURSEMENTS THIS MONTH</b>			
7/10/22	Check #2077 DIRECTV (REIMBURSEMENT MELVA CARTER) IWF 22-027	\$321.99	
	<b>TOTAL</b>		\$ 321.99
			\$2,228,497.99
<b>ENDING BALANCE</b>			
7/31/22	BANK BALANCE		\$2,228,819.98
	<b>DEPOSITS IN TRANSIT</b>	\$0	
	<b>OUTSTANDING CHECKS</b>	\$321.99	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
	<b>TOTAL</b>		\$2,228,497.99
DIVISION COMMANDER  ORLANDO C. ANDLER, Captain Commanding Officer Custody Services Division		DATE  9/19/22	AUDIT COMMITTEE  JEFF WONG N2799  JERRY LEE N4522
		PREPARED BY DO M CARTER N3754  TELEPHONE 	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
6/16/22		DirecTV Payment		IWF 22 - 029	
Submitted by:		Serial No.		Assignment:	
DO VU		N2714		MJS/CSD	
Type of Expenditure:		Facility		Signature on OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain)
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV invoice # 018835073X220602, monthly payment for TV service					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.					
Estimated Cost: \$321.99		Actual Cost: \$321.99		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer service		888-388-4249	
2					
3					
Vendor Selected: DirecTV		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair CAPTAIN CARLOS CHANDLER Member Name: Sgt H. R. Valle Assistant to the Director, OSO		Signature: 	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Director, Office of Special Operations:		Signature: 	
Required If Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied				Serial No.: 26288 31023 35110	
				Date: 6-22-2022 6-22-2022 6-22-22	

# RECEIPTS and DISBURSEMENTS REPORT

DIVISION  
CSDTYPE OF FUND  
INMATE WELFARE FUND- AMENDEDMONTH  
AUGUSTYEAR  
2022

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
<b>BEGINNING BALANCE</b>			
8/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$ 2,228,819.98
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$321.99	
	<b>TOTAL</b>		\$2,228,497.99
<b>RECEIPTS THIS MONTH</b>			
8/8/22	INTEREST EARNED	\$407.64	
	<b>TOTAL</b>		\$407.64
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,228,905.63
<b>DISBURSEMENTS THIS MONTH</b>			
8/11/22	Check #2079 ASSI SECURITY IWF 22-029	\$11,000.00	
8/11/22	Check #2080 BOB BARKER IWF 22-030	\$941.73	
8/11/22	Check #2081 CULINARY DEPOT IWF 22-031	\$3,832.50	
8/17/22	Check #2083 DIRECTV IWF 22-032	\$666.47	
8/17/22	Check #2084 ASSI SECURITY IWF 22-017	\$150.00	
8/18/22	Check #2085 SECURITY DETECTION IWF 22-033	\$115.00	
8/18/22	Check #2086 ASSI SECURITY IWF 22-035	\$3000.00	
	<b>TOTAL</b>		\$19,705.70
			\$2,209,199.93
<b>ENDING BALANCE</b>			
8/31/22	BANK BALANCE		\$2,209,521.92
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$321.99	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
	<b>TOTAL</b>		\$2,209,199.93
DIVISION COMMANDER	DATE	AUDIT COMMITTEE	PREPARED BY
 ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division	9/20/22	JEFF WONG N2799  JERRY LEE N4522	DO M. CARTER N3754  TELEF / ONE EXTENSION 

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(S) REQUESTED:	CONTROL NUMBER		
7/19/22	ASSI	WFP 22-029		
Submitted by:	Serial No.	Assignment:		
DO VU	N2714	MJS/CSD		
Type of Expenditure:	Facility	Section OIC Approval Signature:		
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS	[Redacted Signature]		
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH <input type="checkbox"/> ALL			
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):				
Completion for the installation of two cameras for the [Redacted] at MDC. Contract #C-124017, Invoice 71329				
Justification for expenditure (how will the expenditure benefit inmates):				
Cameras needed to monitor [Redacted]				
Reason City resources were not used for expenditure:				
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.				
Estimated Cost:	Actual Cost:	City Approved Vendor:		
\$11,000.00	\$11,000.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)				
Company Name	Contact	Phone:		
1. ASSI	Customer service	949-955-244		
2.				
3.				
Vendor Selected:	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
<b>DO NOT WRITE BELOW THIS LINE</b>				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000	Commanding Officer / Fund Chair:	[Redacted Signature]	Serial No.	Date:
	Member Name:		Serial No.	Date:
	Member Name:		Serial No.	Date:
	Assistant to the Director OSC:		Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$80,000	Director, Office of Special Operations:	Signature:	Serial No.:	Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

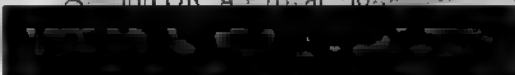

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
6/8/22		Metal Bench		IWF 22-030	
Submitted by:		Serial No.		Assignment	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section O C Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Serial No. 32329 Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Bob Barker Metal Bench BB6B, Steel 10ga., 6 foot metal bench, Quote #EST0042332. Installation will be requested from GSD.					
Justification for expenditure (how will the expenditure benefit inmates):					
This metal bench will be installed inside the booking jail entrance sally port along the north wall (opposite the gun lockers). Officers will have a place to set down inmate property and booking paperwork while conducting pat-downs on camera and arrestees will have a place to sit when shoes/socks are removed and searched prior to entering the jail. A contraband free jail assists in providing a safe and secure environment for the arrestees in our custody. Recently a knife, various narcotics, and a loaded gun have entered the jail, all of which should have been discovered during the pat-down process if done properly.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$941.73		\$941.73		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1. Bob Barker		Suzanne Chung		800-334-9880	
2.				-	
3.				-	
Vendor Selected:		Reason Selected:			
Bob Barker		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair [Signature] Member Name Sgt B. Valle		Serial No. 20288 [Signature] 35110	
Required Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSF: [Signature]		Serial No. Date: 6/23/2022	
Required Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Signature]		Serial No. Date: 6/25/2022 6/20/22	



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
7/12/22		Reach-In Freezer		IWF 22 031	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS <input type="checkbox"/> 77TH <input type="checkbox"/> ALL <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): Harbor Area Jail		Serial No. 31991 Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Culinary Depot Quote 07/12/2022, Artic Air AF49, reach in freezer, two door, 54"W, 49.0 cu. ft., electronic thermostat with digital LED display, -10F to +10F. 6" caster wheels, 2 Year parts and labor, 5 Year warranty on compressor.					
Justification for expenditure (how will the expenditure benefit inmates):					
This unit will replace the failing freezer at Harbor Area Jail and store frozen inmate meals at the required temperature. The current freezer has reached end of life and resulted in multiple HVAC repair calls, which only keep the freezer running for a short time. 77th then has to transport and allocate food to cover inmate meals at Harbor Jail. The old freezer was purchased prior to the original 2009 opening of Harbor Jail and sat dormant for over 10 years. This replacement unit was selected based on availability (in stock), exterior dimensions to fit into the available Jail Kitchen space and the inner dimensions to hold as much product as possible (48 cases). There is no back-up freezer or walk-in freezer at this location.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$3,382.50		\$3,382.50		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Culinary Depot		Prina Massoth		888-845-8200	
2					
3					
Vendor Selected:		Culinary Depot		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN [Signature]		Serial No. 26288 Date: 8-3-2022	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Lt Joe Hernandez		Serial No. 32765 Date: 8-8-2022	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. B. Valle		Serial No. 35110 Date: 8-3-22	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.: Date:	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
8/10/2022		DirecTV		IWF-22-032	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X220802, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost: <del>\$668.47</del> 320.24		Actual Cost: <del>\$668.47</del> 320.24		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected:		DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair		Signature		Serial No :
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				35110
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				32705
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, SSC:		Serial No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$60,000		Commanding Officer, ASB:		Serial No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature.		Serial No
					Date:
					8/17/22
					8/17/22
					8/17/22

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(S) REQUESTED.	CONTROL NUMBER
4/8/22	ASSI Service Call	INT 22- 017
Submitted by:	Serial No.	Assignment:
Allen Hayden	N4461	77th RJS
Type of Expenditure:	Facility	Section OIC Approval Signature:
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS	Serial No.
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature:
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):	Pacific Jail
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):		
Service call to correct the ASSI camera system date/time stamp [REDACTED] FMD placed this request with ASSI during regular business hours. Technician was on site between 1:30-2:30 PM. The ASSI Pacific Jail contract does not take effect until July 1st 2022. ASSI Work Order 48848. Invoice No. SD17092.		
Justification for expenditure (how will the expenditure benefit inmates):		
This Pacific Jail camera system is necessary to maintain and record continual observation of activity and to provide a safe and secure environment while arrestees are in our custody. For investigative purposes [REDACTED]		
Reason City resources were not used for expenditure:		
There are no City or Department funds allocated for this expense.		
Estimated Cost:	Actual Cost:	City Approved Vendor:
\$150.00	\$150.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)		
Company Name	Contact	Phone
1. ASSI	Hector Esquivel	[REDACTED]
2.		
3.		
Vendor Selected:	Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other
ASSI		
DO NOT WRITE BELOW THIS LINE		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair	Serial No.
	Captain [REDACTED]	26284
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name	Serial No.
	Lt Joe Hernandez	32765
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name	Serial No.
	Sgt II B. Valle	35110
Required if Over \$40,000	Commanding Officer, SSG	Serial No.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Required if Over \$60,000	Commanding Officer, ASB	Serial No.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>5/12/22</b>		ITEM(S) REQUESTED <b>Garrett Light Bar Controller</b>		CONTROL NUMBER <b>IWF 22-033</b>	
Submitted by: <b>Allen Hayden</b>		Serial No. <b>N4461</b>		Assignment <b>77th RJS</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b>	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input checked="" type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc)					
This IWF is for a replacement <b>[Redacted]</b> Walk Through Metal Detector Light Bar Controller (2341112), including shipping and handling. Estiamte #2742. GSD Electrician will be requested for install.					
Justification for expenditure (how will the expenditure benefit inmates):					
The walk through metal detector is one of several procedural steps to screen arrestees for contraband upon entering the jail. <b>[Redacted]</b>					
Reason City resources were not used for expenditure:					
There are no city funds for this purchase.					
Estimated Cost: <b>\$115.00</b>		Actual Cost: <b>\$115.00</b>		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
	Company Name	Contact	Phone	Estimate	
1	Security Detection	Rick Smith	<b>[Redacted]</b>	<b>\$115.00</b>	
2					
3					
Vendor Selected: <b>Security Detection</b>		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair <b>[Signature]</b>		Serial No. <b>26258</b>		Date: <b>6-8-22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Sgt H. B. Valle</b>		Serial No. <b>35110</b>		Date: <b>6-8-22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Lt J. Hernandez</b>		Serial No. <b>32765</b>		Date: <b>6-18-22</b>
<input type="checkbox"/> Required if Over \$40,000	Commanding Officer, SSG:		Serial No.		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASE:		Serial No.		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:		Serial No.		Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
07/28/2022		Three replacement cameras		IWF 22-034*	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No. 27583	
				Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Three replacement cameras to locations [REDACTED] The camera recommendation is to replace with a new [REDACTED] camera.					
Justification for expenditure (how will the expenditure benefit inmates): These cameras have failed, unable to communicate with the server These cameras will assist in monitoring the arrestees that are in these cells, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
3000.00		3000.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 ASSI Security		Hector Gonzalez		[REDACTED]	
2					
3					
Vendor Selected:		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
ASSI SECURITY					
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN DAVID CHANDLER Member Name		Serial No.: 26288 Date: 8/2/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		SGT BRUCE COSE Member Name		Serial No.: 37023 Date: 8/3/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Sgt U B. Valle Member Name		Serial No.: 35110 Date: 8/18/22	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	
Required If Over \$80,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.: Date:	




## RECEIPTS and DISBURSEMENTS REPORT

DIVISION  
CSD

TYPE OF FUND

INMATE WELFARE FUND

MONTH  
SEPTEMBERYEAR  
2022




DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
<b>BEGINNING BALANCE</b>			
9/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$2,209,521.92
	<b>DEPOSITS IN TRANSIT</b>	\$	
	<b>OUTSTANDING CHECKS</b>	\$321.99	
	<b>TOTAL</b>		\$2,209,199.93
<b>RECEIPTS THIS MONTH</b>			
9/12/22	PARTNERS FOR A SAFER AMERICA	\$29,250.00	
9/9/22	INTEREST EARNED	\$615.50	
	<b>TOTAL</b>		\$29,865.50
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,239,065.43
<b>DISBURSEMENTS THIS MONTH</b>			
9/8/22	Check #2088 CALIFORNIA DEPT OF PUBLIC HEALTH- MWMP IWF 22-036	\$25.00	
9/8/22	Check #2089 DIRECTV IWF 22-037	\$347.32	
9/26/22	Check #2090 PCD IDENTICARD IWF 22-038	\$724.24	
9/20/22	Check #2093 DAILY NEWS (VJS) IWF 22-035	\$4304.22	
	<b>TOTAL</b>		\$5,400.78
			\$2,233,664.65
<b>ENDING BALANCE</b>			
9/30/22	BANK BALANCE		\$ 2,239,065.43
	<b>DEPOSITS IN TRANSIT</b>	\$0	
	<b>OUTSTANDING CHECKS</b>	\$5,400.78	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
	<b>TOTAL</b>		\$2,233,664.65
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE  10/20/22	AUDIT COMMITTEE  JEFF WONG N2799  JERRY LEE N4522
		PREPARED BY DOM CARTER N3754  TELEPHONE EXTENSION (213) 356-3460	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
8/26/22		CDPH-MWMP Annual Registration Fee				22-036	
Submitted by:		Serial No.		Assignment:		Phone:	
Velinda Riparip		N6163		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32700	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).							
2022 Annual Registration Fee for California Department of Public Health-Medical Waste Management Program (MWMP).							
Justification for expenditure (how will the expenditure benefit inmates):							
On January 1, 1994, Section 117924 was added to the Health and Safety code, Medical Waste Management Act (MWMA), requiring Small Quantity Generators (SQG) of medical waste to pay an annual fee in the amount of \$25.00. To protect the public and the environment from potentially infectious disease causing agents, the MWMP regulates the generation, handling, storage, treatment, and disposal of medical waste by providing oversight for the implementation of the MWMA.							
Reason City resources were not used for expenditure:							
There are no City or Department funds allocated for this expense.							
Estimated Cost: \$25.00		Actual Cost: \$25.00		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1 California Dept of Public Health-MWMP		Customer Service		916-449-5671		\$25.00	
2							
3							
Vendor Selected: California Dept of Public Health-MWMP				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair		Serial No.		Date:	
		LT S. FAIRCHILD		27503		8/31/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name		Serial No.		Date:	
		SGT. COSS		37023		8/31/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name		Serial No.		Date:	
		SGT. H. B. Valle		35110		8/31/22	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB		Serial No.		Date:	
		Signature		Serial No.		Date:	



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
9/06/2022		DirecTV				IWF-22-037		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OX Approval Signature		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	 327105		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X220902, monthly payment for TV service								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.								
Estimated Cost:		\$347.32		Actual Cost:		\$347.32		
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
	Company Name	Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$347.32		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:				Serial No.		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				27583		9-8-22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. B. Valle				35110		9-27-22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. B. Coors				37023		9.27.22	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000   Commanding Officer, \$50:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000   Commanding Officer, ASB:							

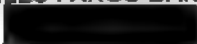



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>9/12/22</b>		ITEM(S) REQUESTED: <b>Arrestee Wristbands Fasteners</b>		CONTROL NUMBER <b>22-038</b>	
Submitted by: <b>Allen Hayden</b>		Serial No. <b>N4461</b>		Assignment <b>77th RJS</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b>	
<input checked="" type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS		Serial No. <b>31991</b>	
<input type="checkbox"/> NEW		<input checked="" type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		<b>77th RJS, Harbor Jail, Pacific Jail</b>	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
<b>Purchase of secureband wristbands steel clincher dual grip fasteners (for heat sealed permanent arrestee court wristbands). PCD Identocard Quote No. 26791520</b>					
Justification for expenditure (how will the expenditure benefit inmates):					
<b>This is a yearly reoccurring expense for steel clinchers that are used to attach the inmate wristbands allowing staff to identify arrestees by name and booking number while in our facility. Fasteners are used to assemble arestee wristands and court loops (which we cut in half before assembling for court transportation identification resulting in a 50% shortage of provided fasteners from the county). County provided supplies have been severely limited in the last three years and they do not provide the necessary extra fasteners for the court wristband loops they require resulting in a excessive amount of wristbands with no clinchers.</b>					
Reason City resources were not used for expenditure:					
<b>There are no City or Department funds allocated for this expense.</b>					
Estimated Cost: <b>\$724.24</b>		Actual Cost: <b>\$724.24</b>		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 <b>PCD Identocard</b>		<b>L&amp;E House Account</b>		<b>[Redacted]</b>	
2					
3					
Vendor Selected: <b>PCD Identocard</b>		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000		<b>Car. Carlos Guerrero</b> Member Name <b>Sgt II B. Valle</b> Member Name <b>Lt J. Hernandez</b> Commanding Officer, ASB:		<b>[Redacted Signature]</b> Signature:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>26288</b> Serial No. <b>35116</b> Serial No. <b>32765</b> Serial No.		<b>9-29-22</b> Date <b>9-27-22</b> Date <b>104.72</b> Date	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
09/20/22		LA Daily News		IWF-22-035	
Submitted by:		Serial No.		Assignment:	
D.O. Carter		N3754		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		MJS 77TH VJS		AREAS ALL OTHER (explain): VAN NUYS JAIL	
				Serial No.	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Yearly subscription to the Los Angeles Daily News for Van Nuys Jail.					
Justification for expenditure (how will the expenditure benefit inmates):					
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$4,304.22		\$4,304.22		Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1. Los Angeles Daily News		Customer Service		(818) 713-3131	
2.					
3.					
Vendor Selected:		Los Angeles Daily News		Reason Selected	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair <b>S. FAIRCHILD</b>		Date <b>9-21-22</b>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB <b>CAPTAIN ORLANDO CHANDLER</b>		Date <b>10-5-22</b>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name <b>Sgt H B. Valle</b>		Date <b>10-12-22</b>	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSF		Date	
Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB		Date	

## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH OCTOBER	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
<b>BEGINNING BALANCE</b>					
10/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$2,239,065.43		
	<b>DEPOSITS IN TRANSIT</b>	\$			
	<b>OUTSTANDING CHECKS</b>	\$5,400.78			
	<b>TOTAL</b>		\$2,233,664.65		
<b>RECEIPTS THIS MONTH</b>					
10/11/22	INTEREST EARNED	\$603.67			
	<b>TOTAL</b>		\$603.67		
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,234,268.32		
<b>DISBURSEMENTS THIS MONTH</b>					
10/5/22	Check #2094 ASSI SECURITY IWF 22-041	\$3,300.00			
10/7/22	Check #2095 ALLIED UNIVERSAL IWF 22-042	\$1085.76			
10/12/22	Check #2096 LA OPINION IWF 22-039	\$14,031.90			
10/12/22	Check #2097 METRO IWF 22-044	\$1875.00			
10/13/22	Check #2098 GRAINGER IWF 22-043	\$7,256.67			
10/13/22	Check #2099 DIRECTV IWF 22-045	\$328.24			
10/21/22	Check #2100 DAILY NEWS IWF 22-040	\$714.86			
10/28/22	Check #2101 ASSI SECURITY 22-046	\$1235.00			
10/28/22	Check #2102 ASSI SECURITY 22-047	\$535.00			
	<b>TOTAL</b>		\$ 30362.43		
			\$2,203,905.89		
<b>ENDING BALANCE</b>					
9/30/22	BANK BALANCE		\$ 2,227,679.32		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$23,773.43			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	<b>TOTAL</b>		\$2,203,905.89		
DIVISION COMMANDER  <b>ORLANDO CHANDLER, Captain</b> Commanding Officer Custody Services Division		DATE  11/11/22	AUDIT COMMITTEE  JEFF WONG N2799  JERRY LEE N4522		PREPARED BY DO M. CARTER N3754  TELEPHONE EXTENSION 


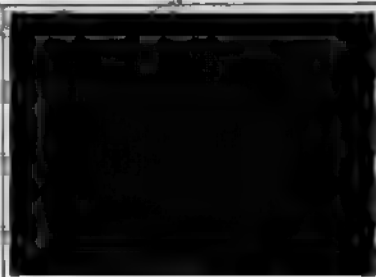


# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
09/19/2022		Three replacement cameras for cells [REDACTED]		IWF 22-041	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Three replacement cameras to locations [REDACTED] The camera recommendation is to replace all [REDACTED] with new [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
[REDACTED] These cameras will assist in monitoring the arrestees that are in these cells, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
3,300.00		3,300.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 ASSI Security		Hector Gonzalez		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair <b>S. FAIRCHILD</b> Member Name: <b>FUND CHAIR</b> <b>Capt. ORLANDO CHANDELA</b> Member Name: <b>Sgt. B. Valie</b>		Serial No. <b>27583</b> Date: <b>9-20-22</b> Serial No. <b>26288</b> Date: <b>10-5-22</b> Serial No. <b>35110</b> Date: <b>10-5-22</b>	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB Signature: [REDACTED]		Serial No. Date	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied					

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
9/21/22		Window Cleaning		JWF 22-042	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Admin Section Review Signature:	
				Serial No. 31991	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Allied Universal Janitorial Services; quote for window cleaning at 77th RJS totalling \$1085.76, [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
Allied Universal is a City contracted company used to clean windows that are not part of the CSA responsibilities. There are approximately 180 windows throughout the jail with an average size of 40 x 45 inches. Windows are as high as 27+ feet in some areas (see photographs) and have not been cleaned in years (if ever). The accumulation of dust (and other) has created a frosted film like coating on the windows making it difficult to observe activity between the housing units and the security booth(s). This service will include all large windows in the Jail housing blocks, the hallways between blocks, and the security booths, inside and out.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$1,085.76		\$1,085.76		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 Allied Universal		Miguel Alferez		877-826-1965	
2					
3					
Vendor Selected:		Allied Universal		Reason Selected:	
				<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair. CAPTAIN [Signature] Member Name: Lt. JOE Hernandez Member Name: Sgt U B. Valle		[REDACTED]	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.: 26287 Date: 10/06/22	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: 32740 Date: 10/6/22	
		Signature:		Serial No.: 35110 Date: 9/27/22	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
9/20/22		La Opinion		IWF-22- 039	
Submitted by:		Serial No.		Assignment:	
D.O. Carter		N3754		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain): 77TH, VJS, MJS, HWD, PACIFIC, HARBOR	
Admin Section Review Signature:					
Serial No.					
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.)					
Yearly subscription to the La Opinion for all jail sections.					
Justification for expenditure (how will the expenditure benefit inmates):					
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).					
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <span>\$14,031.90</span> <span>\$14,031.90</span> </div>					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
<del>\$14,782.60</del>		<del>\$14,782.60</del>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1	La Opinion	Sal Montejo			
2					
3					
Vendor Selected:		Los Angeles Daily News		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				27583 26258 35120	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				27583 26258 35120	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				27583 26258 35120	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Required if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM


DATE SUBMITTED	ITEM(S) REQUESTED	CONTROL NUMBER
10/4/2022	Metro Tap Cards	IOF 22-044
Submitted by:		Serial No.
Jacson		N3066
Assignment:		Administrative
Type of Expenditure:	Facility	Section OIC Approval Signature: <span style="background-color: black; color: black;">[REDACTED]</span>
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS <input type="checkbox"/> AREAS	Serial No.
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature: <span style="background-color: black; color: black;">[REDACTED]</span>
<input type="checkbox"/> OTHER (explain below)	<input checked="" type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):		
<p>Metro Tap cards are used to provide inmates, released from custody, access to mass transit services. Tap cards replaced bus tokens.</p>		
Justification for expenditure (how will the expenditure benefit inmates):		
<p>Los Angeles Metro public transportation service accepts cash or TAP card from patrons. The purchase of the TAP cards will allow CSD to continue to provide a means of transportation for those released from custody.</p>		
Reason City resources were not used for expenditure:		
<p>The provision of providing a means of transportation for those who are leaving custody is not part of the City budget.</p>		
Estimated Cost:	\$1,875.00	Actual Cost:
City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)		
Company Name	Contact	Phone:
1 Metro	TAP Vendor Support Team	<span style="background-color: black; color: black;">[REDACTED]</span>
2		
3		
Estimate:	\$1,875.00	
Vendor Selected:	Metro	Reason Selected:
		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other
<b>DO NOT WRITE BELOW THIS LINE</b>		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair. <i>Captain David Chandler</i> Print Member Name:	Serial No. 26284
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. II B. Coles Print Member Name:	Serial No. 37023
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle	Serial No. 35110
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG	Serial No.
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB.	Serial No.
	Signature.	Date:





# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
10/05/2022		Pressure Washer and Equipment				IWF-22-043	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIP Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32765	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Scope of Work:							
Please see attached Grainger Quotation for a Total of \$7,256.67							
Justification for expenditure (how will the expenditure benefit inmates):							
The hot water pressure washer and equipment is needed to clean and disinfect exterior areas of the MDC where arrestees are waiting for Booking (staged prior to housing and released) and other exterior areas that become contaminated due to possible biohazards (spit, urine, fecal matter). The proposed hot water pressure washer and associated accessories will provide for a clean and sanitary holding area, as CSA services per their contract do not encompass cleaning the arrestee staging areas.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates to aid in the prevention of communicable disease to other inmates and detention staff.							
Estimated Cost:		\$7,256.67		Actual Cost:		\$7,256.67	
City Approved Vendor:				Yes		<input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Grainger	#36-1150280		(888) 486-7865		\$7,256.67	
2							
3							
Vendor Selected:		Grainger		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		CAPTAIN ORLANDO CHANDLER Member Name: SGT. BRUCE COSS Member Name: LT JEFF HERNANDEZ		[REDACTED SIGNATURE] 26288 Serial No.: 37023 32765		Date: 10/13/2022 Date: 10/12/2022 Date: 10/13/2022	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$80,000 Commanding Officer, ASB:		Signature:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
10/05/2022		DirecTV				IWF- 22-045	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section O/C Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	[REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X221002, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		Actual Cost:		City Approved Vendor:			
\$328.24		\$328.24		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1 DirecTV		Customer Service		888-388-4249		\$875.50 328.24	
2							
3							
Vendor Selected		DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair CAPTAIN ORLANDO CAMARENA SGT. B. COSS SGT. B. VALLE Commanding Officer, ASB		Signature:  Signature:		Serial No.: 26288 31023 35110 Serial No.: Date: 10/6/22 10/6/22 10/6/22 Date:	

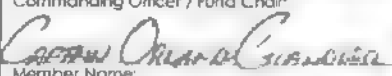

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER			
09/20/22		LA Daily News				IWF-22- 040			
Submitted by:		Serial No.		Assignment:		Phone:			
D.O. Carter		N3754		MJS/CSD					
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input checked="" type="checkbox"/>	REOCCURRING	MJS		AREAS					
<input type="checkbox"/>	NEW	77TH		ALL	Admin Section Review Signature:				
<input type="checkbox"/>	OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	HOLLYWOOD JAIL				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).									
Yearly subscription to the Los Angeles Daily News for Hollywood Jail.									
Justification for expenditure (how will the expenditure benefit inmates):									
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).									
<div style="display: flex; justify-content: space-around;"> <span>\$ 714.84</span> <span>\$ 714.84</span> </div>									
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
\$1,714.61		\$1,714.61							
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1	Los Angeles Daily News	Customer Service		(818) 713-3131		\$1,714.61 \$ 714.84			
2									
3									
Vendor Selected:		Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <input type="checkbox"/> Approved <input type="checkbox"/> Denied  <input type="checkbox"/> Approved <input type="checkbox"/> Denied		S. FAIRCHILD FUND CHAIR CAPTAIN [Signature] Member Name: Sgt U B. Valle Required if Over \$40,000 Commanding Officer, SS:  Required if Over \$50,000 Commanding Officer, ASB:		 Signature:		27583 Serial No 26288 Serial No 3521 Serial No		Date 9-21-22 Date 10-5-22 Date 10-20-22 Date	







# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER					
10/19/22		ASSI Service Call Pacific Jail				2022-046					
Submitted by:		Serial No.		Assignment:		Phone:					
Allen Hayden		N4461		77th RJS		[REDACTED]					
Type of Expenditure:		Facility		Section OIC Approval Signature		Serial No.					
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS		[REDACTED]		31991					
<input type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:							
<input checked="" type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Pacific Jail							
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):											
ASSI Service Call for Pacific Jail from 3/15/2021, parts and labor for Hector Esquivel, Invoice #SD15752, Work Order #44458, copy attached.											
Justification for expenditure (how will the expenditure benefit inmates):											
This is an uppaid invoice from an ASSI Service Call (pre contract) for the Pacific Jail camera system. Unknown problem requiring ASSI to respond to the Jail and replace a Verint camera on 3/15/2021.											
Reason City resources were not used for expenditure:											
There are no City or Department funds allocated for this expense.											
Estimated Cost: \$1,235.00		Actual Cost: \$1,235.00		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)											
Company Name		Contact		Phone:		Estimate:					
1. ASSI		Hector Esquivel		[REDACTED]		\$1,235.00					
2.				-							
3.				-							
Vendor Selected: ASSI		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other							
<b>DO NOT WRITE BELOW THIS LINE</b>											
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, Fund Chair:  Member Name: Sgt. B. Cosen Member Name: Sgt H B. Valle				Serial No.: 26288 Serial No.: 37027 Serial No.: 35110		Date: 10/21/22 Date: 10/31/2022 Date: 10/20/22			
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG				Serial No.:  Date:		Date:			
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB				Signature:		Serial No.:  Date:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied											




# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
10/19/22		ASSI Service Call Pacific Jail				IWF 22 - 047	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section / IC Approval Signature:		Serial No.	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS		[REDACTED]		31991	
<input type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:			
<input checked="" type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Pacific Jail			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
ASSI Service Call for Pacific Jail from 8/13/2021, labor only for Hector Esquivel, Invoice #SD16748, Work Order #46575, copy attached.							
Justification for expenditure (how will the expenditure benefit inmates):							
This is an unpaid invoice from an ASSI Service Call (pre contract) for the Pacific Jail camera system. Unknown problem requiring ASSI to respond to the Jail on 8/13/2021.							
Reason City resources were not used for expenditure:							
There are no City or Department funds allocated for this expense.							
Estimated Cost:		\$535.00		Actual Cost:		\$535.00	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1 ASSI		Hector Esquivel		[REDACTED]		\$535.00	
2							
3							
Vendor Selected:		ASSI		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair  Member Name:		 Signature:		Serial No.: 26288 Serial No.: 37023 Serial No.: 35110	
Date: 10/21/22 Date: 11/1/22 Date: 10/20/22							
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG					
Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB					

## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH NOVEMBER	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
11/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$2,227,679.32		
	<u>DEPOSITS IN TRANSIT</u>	\$			
	<u>OUTSTANDING CHECKS</u>	\$23,773.43			
	<b>TOTAL</b>		\$2,203,905.89		
RECEIPTS THIS MONTH					
11/08/22	INTEREST EARNED	\$815.11			
	<b>TOTAL</b>		\$815.11		
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,204,721.00		
DISBURSEMENTS THIS MONTH					
11/22/22	Check #2103 DIRECTV IWF 22-048	\$328.24			
11/22/22	Check #2104 DAILY NEWS IWF 22-049	\$4,200.00			
11/22/22	Check #2105 DAILY NEWS IWF 22-050	\$2,100.00			
	<b>TOTAL</b>		\$ 6,628.24		
			\$2,198,092.76		
ENDING BALANCE					
11/30/22	BANK BALANCE		\$ 2,226,009.57		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$27,916.81			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	<b>TOTAL</b>		\$2,198,092.76		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE  12/15/22	AUDIT COMMITTEE  JEFF WONG N2799  JEFF  22		PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION 

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM




DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/15/2022		DirecTV				IWF- 22-848	
Submitted by:		Serial No		Assignment:		Phone	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS			32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	ALL Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X221102, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$328.24		\$328.24					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$328.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, Fund Chair:  Member Name:		Serial No.: 26288		Date: 11/17/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Capt. "B. Cross" Member Name:		Serial No.: 37023		Date: 11/22/22	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Sgt. B. Valle Member Name:		Serial No.: 35110		Date: 11/16/22	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC.		Signature:		Serial No.: Date:	
<input type="checkbox"/> Required if Over \$80,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB.		Signature:		Serial No.: Date:	

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM





DATE SUBMITTED 11/22/22		ITEM(S) REQUESTED NEWSPAPER		CONTROL NUMBER IWF-22-049	
Submitted by: D.O. Carter		Serial No. N3754		Assignment: MJS/CSD	
				Phone 213-356-3460	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).					
Yearly subscription to Los Angeles Daily News.					
Justification for expenditure (How will the expenditure benefit inmates?):					
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).					
Estimated Cost: \$4,200.00		Actual Cost: \$4,200.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
	Company Name	Contact	Phone	Estimate	
1	Daily News	Mike Jones		\$4,200.00	
2					
3					
Vendor Selected: Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair. CAPTAIN ORLANDO CHANDLER Member Name:		Serial No.: 26278		Date: 11/22/2022
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	SGT B. COSS		Serial No.: 37023		Date: 11/23/22
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	SGT B. Valle		Serial No.: 35110		Date: 11/22/22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Serial No:		Date:



# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER			
11/22/22		NEWSPAPER				IWF-22-050			
Submitted By:		Serial No.		Assignment:		Date:			
D.O. Carter		N3754		MJS/CSD					
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No			
<input checked="" type="checkbox"/>	REOCCURRING	MJS		AREAS					
<input type="checkbox"/>	NEW	77TH		ALL	Admin Section Review Signature:				
<input type="checkbox"/>	OTHER (explain below)	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	HARBOR JAIL				
Description of expenditure (include detailed information, ie. make, model, accessory equipment, size, installation requirements, etc.)									
Yearly subscription to Los Angeles Daily News. .									
Justification for expenditure (how will the expenditure benefit inmates):									
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).									
Estimated Cost:		Actual Cost:		City Approved Vendor:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
\$2,100.00		\$2,100.00							
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone		Estimate			
1	Daily News	Mike Jones				\$2,100.00			
2									
3									
Vendor Selected:		Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair <b>CAPTAIN ORLANDO CHANDLER</b> Member Name: <b>SGT. COSS BELIC</b> <b>Sgt II B. Valle</b> Commanding Officer, SSC Commanding Officer, ASB.		 Signature:		Serial No <b>26288</b> Serial No <b>37023</b> Serial No <b>35110</b> Serial No  Serial No  Serial No		Date <b>11/22/22</b> Date <b>11/22/22</b> Date <b>11/22/22</b> Date  Date  Date	

## RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH DECEMBER	YEAR 2022
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
<b>BEGINNING BALANCE</b>					
12/1/22	BANK BALANCE  <b>WELLS FARGO BANK</b> 		\$ 2,226,009.57		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$27,916.81			
	<b>TOTAL</b>		\$2,198,092.76		
<b>RECEIPTS THIS MONTH</b>					
12/08/22	INTEREST EARNED	\$942.47			
12/02/22	STOP PAYMENT CHECK IWF 22-043 / OCTOBER 2022 CHK#2098	\$7,256.67			
	<b>TOTAL</b>		\$8,199.14		
	<b>BEGINNING BALANCE PLUS RECEIPTS</b>		\$2,206,291.90		
<b>DISBURSEMENTS THIS MONTH</b>					
12/2/22	Check #2106 SECURITY DETECTION IWF 22-051	\$4,574.52			
12/14/22	Check #2108 GUARDIAN RFID IWF 22-053	\$100.00			
12/14/22	Check #2109 DIRECTV IWF 22-052	\$656.48			
	<b>TOTAL</b>		\$ 5,331.00		
			\$2,200,960.90		
<b>ENDING BALANCE</b>					
12/31/22	BANK BALANCE		\$2,205,635.42		
	<b>DEPOSITS IN TRANSIT</b>	\$0			
	<b>OUTSTANDING CHECKS</b>	\$4,674.52			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	<b>TOTAL</b>		\$2,200,960.90		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
		1/12/23	JEFF WONG N2799 		DO M. CARTER N3754
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			JERRY LEE N4522		TELEPHONE EXTENSION 

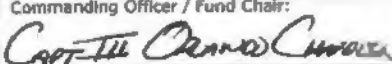

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
11/28/22		Walk Through Metal Detector				TOP 22 - 051	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	31921
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Walk Through Metal Detector, [REDACTED] 2 year warranty, and motor freight. Estimate No.1579, \$4195.00							
Justification for expenditure (how will the expenditure benefit inmates):							
<p>This walk though metal detector will replace the failing metal detector located at 77th Regional Jail originally purchased in 2005. Security Detection is a local company (Upland, CA.) and has been our service provider in the past for metal detectors [REDACTED]</p> <p>A funtional walk through metal detector will help ensure contraband is detected if brought into the jail and provide an increased level of safety for our inmates and staff.</p>							
Reason City resources were not used for expenditure:							
There are no City or Department funds allocated for this expense.							
Estimated Cost: \$4,574.52		Actual Cost: \$4,574.52		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	Security Detection	Randy Smith		[REDACTED]		\$4,574.52	
2				-			
3				-			
Vendor Selected: Security Detection		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
<b>DO NOT WRITE BELOW THIS LINE</b>							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.: 26288		Date: 11-28-2022
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: CAPT J Anthony A. STEPO		[REDACTED]		Serial No.: 33176		Date: 11-28-2022
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt II B. VAILLE		[REDACTED]		Serial No.: 35110		Date: 11/28/22
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000 Commanding Officer, SSG:		[REDACTED]		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.:		Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED <b>12/8/22</b>		ITEM(s) REQUESTED: <b>Guardian RFID Back Plates</b>		CONTROL NUMBER <b>IWF-22-053</b>	
Submitted by: <b>Allen Hayden</b>		Serial No. <b>N4461</b>		Assignment: <b>77th RJS</b>	
Type of Expenditure:		Facility		Section OIC Approval Signature: <b>[Redacted]</b>	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input checked="" type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Guardian RFID Spartan Back Plate Covers (battery covers) fits Gen 1 and Gen 2. Free shipping, no tax. Quote number: 00006585					
Justification for expenditure (how will the expenditure benefit inmates):					
This IWF covers (4) replacement back plates (battery covers) for the Guardian RFID Spartan hand held devices we use to document/record 30 minute Title 15 inmate checks. Back plates are not included in the Guardian service contract. 77th RJS has one Spartan hand held device currently missing a back plate (lost), another that has a broken tab, and 2 to be held as spare for future needs.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost: <b>\$100.00</b>		Actual Cost: <b>\$100.00</b>		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1	Guardian RFID	Misty Anderson	<b>[Redacted]</b>	<b>\$100.00</b>	
2			-		
3			-		
Vendor Selected: <b>Guardian RFID</b>		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <b>Captain [Redacted]</b>		Serial No.: <b>26288</b>		Date: <b>12/13/22</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Captain [Redacted]</b>		Serial No.: <b>33176</b>		Date: <b>12-14-2022</b>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <b>Sgt. [Redacted]</b>		Serial No.: <b>35110</b>		Date: <b>12/13/22</b>
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Serial No.:		Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:

# INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
12/07/2022		DirecTV		IWF- 22-052	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X221202, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$656.48		\$656.48		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected:		DirecTV		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
<b>DO NOT WRITE BELOW THIS LINE</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: 		Signature: 	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Capt. J. Antonio A. Ochoa		Serial No.: 26258	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. B. Valle		Serial No.: 35176	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. B. Valle		Serial No.: 35110	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000 Commanding Officer, ASB:		Serial No.: Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000 Commanding Officer, ASB:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Serial No.: Date:	